



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

**Matthew G. Bevin**  
Governor

275 East Main Street, 6W-B  
Frankfort, KY 40621  
[www.chfs.ky.gov](http://www.chfs.ky.gov)

**Adam M. Meier**  
Secretary

**Earl Gresham**  
Assistant Director

**Stephen P. Miller**  
Commissioner

To: All Home and Community-Based Waiver Providers (42, 43, 33, 41 and 17)

From: Earl Gresham  
Assistant Director, Division of Community Alternatives

Date: June 14, 2018

Re: Patient Liability

The Department for Medicaid Services (DMS) would like to remind you of an upcoming change in how Patient Liability is collected from participants in all Home and Community-Based Waiver Programs: Acquired Brain Injury (ABI), Acquired Brain Injury Long Term Care (ABI LTC), Home and Community Based (HCB), Model II Waiver (MWII), Michelle P. Waiver (MPW), and Supports for Community Living (SCL).

Patient liability is the amount a participant is required to contribute to his or her cost of care each month in order to maintain Medicaid eligibility. The amount is identified during the Medicaid eligibility determination.

The Department first notified providers of this change late in 2017. In the past, the participant's primary provider collected patient liability. The primary provider was determined based on the services rendered to the participant. This resulted in confusion among providers, participants not paying patient liability, and the potential for duplicate collection of patient liability. Beginning August 1, 2018 there will no longer be a primary provider. Instead, a portion of a participant's patient liability will be deducted from the first waiver claim billed each month and from subsequent claims until the patient's monthly total is reached. This means one participant's patient liability can be deducted from multiple providers each month.

Providers are responsible for determining how much, if any, patient liability is deducted from a claim payment. To do that, providers will need to check KYHealthNet for the participant's most up-to-date patient liability amount and review the Remittance Advice. If patient liability was deducted from a claim, providers will need to collect the amount from the participant. Providers will no longer receive a MAP 552 for patient liability information.

Participants who must pay a patient liability have received a letter notifying them of the changes and their specific patient liability amount. The letter also explains who to contact if they believe the amount is incorrect.

If you have any questions, please contact the Division of Community Alternatives at (502) 564-5560.